## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: <u>5/3/04</u> 2 Serial/Patent # <u>10/687,471</u>						
3 Please refund the following fee(s):		4 PAI NUM	ER BER	5 DATE FILED	6 AMOUNT	
	Filing					\$
	Amendment					\$
	Extension of Time					\$
	Notice of Appeal/Appeal					\$
$\chi$	Petition				3/19/04	\$ 130
/	Issue	•				\$
4	Cert of Correction/Terminal D	isc.		•		\$
	Maintenance					\$
	Assignment					\$
e.	Other					\$
		7 TOTAL AMOUNT OF REFUND			\$ 130	
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
	Overpayment		$\lfloor X \rfloor$	C	redit Dep	osit A/C #:
	Duplicate Payment			9 1	9 0	733
X	No Fee Due (Explanation):					
Process down -7 don't nood drup for filing Note Refund						
pet fee						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: E. Shirene Wills TITLE: Pet Attny						
signature: Muly phone: 308-6712						
OFFICE: Office of PHAMS						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE: SPECIFICATION DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)